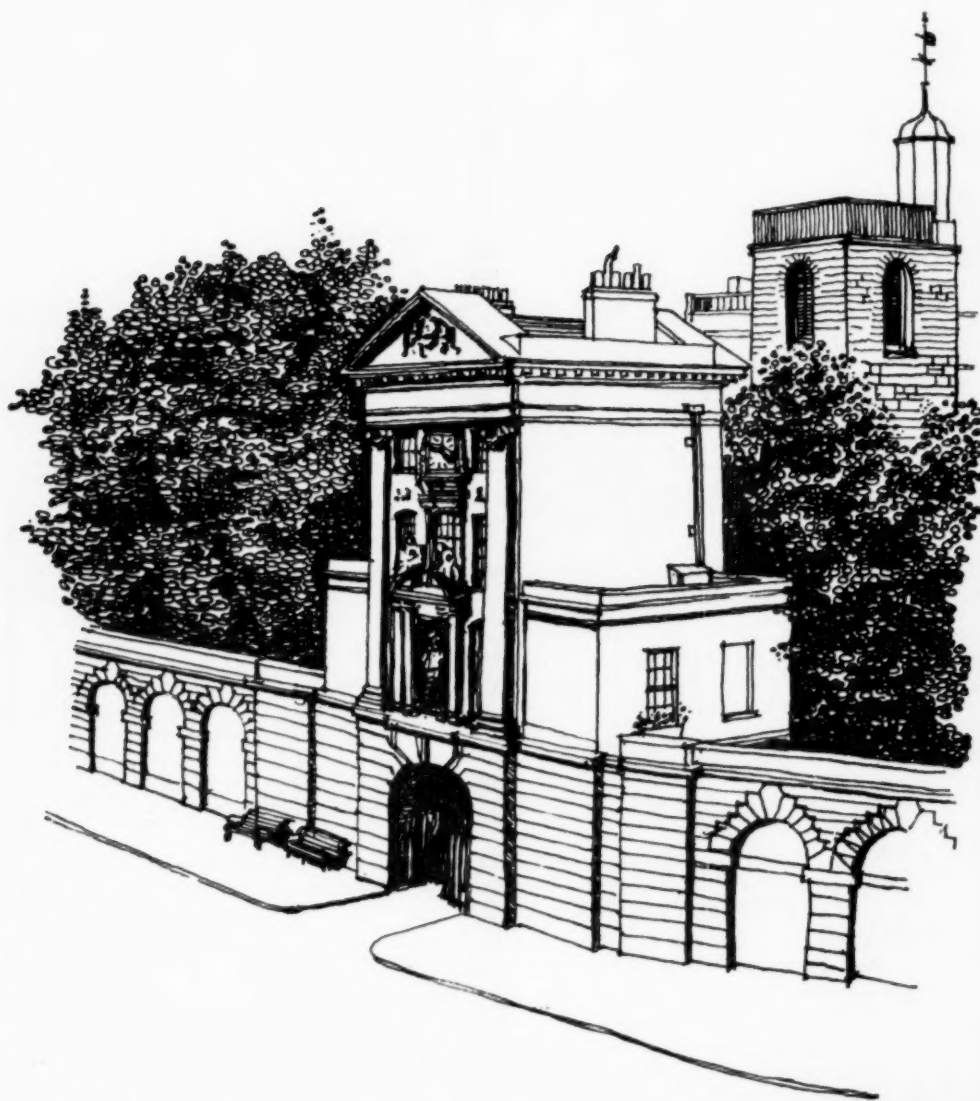


# ST. BARTHOLOMEW'S HOSPITAL JOURNAL



VOL LVII

APRIL 1953

No 4

# ST. BARTHOLOMEW'S HOSPITAL JOURNAL

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April, 1953

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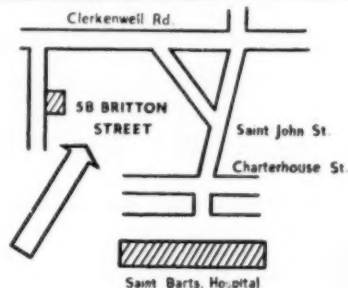
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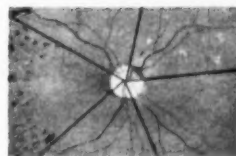
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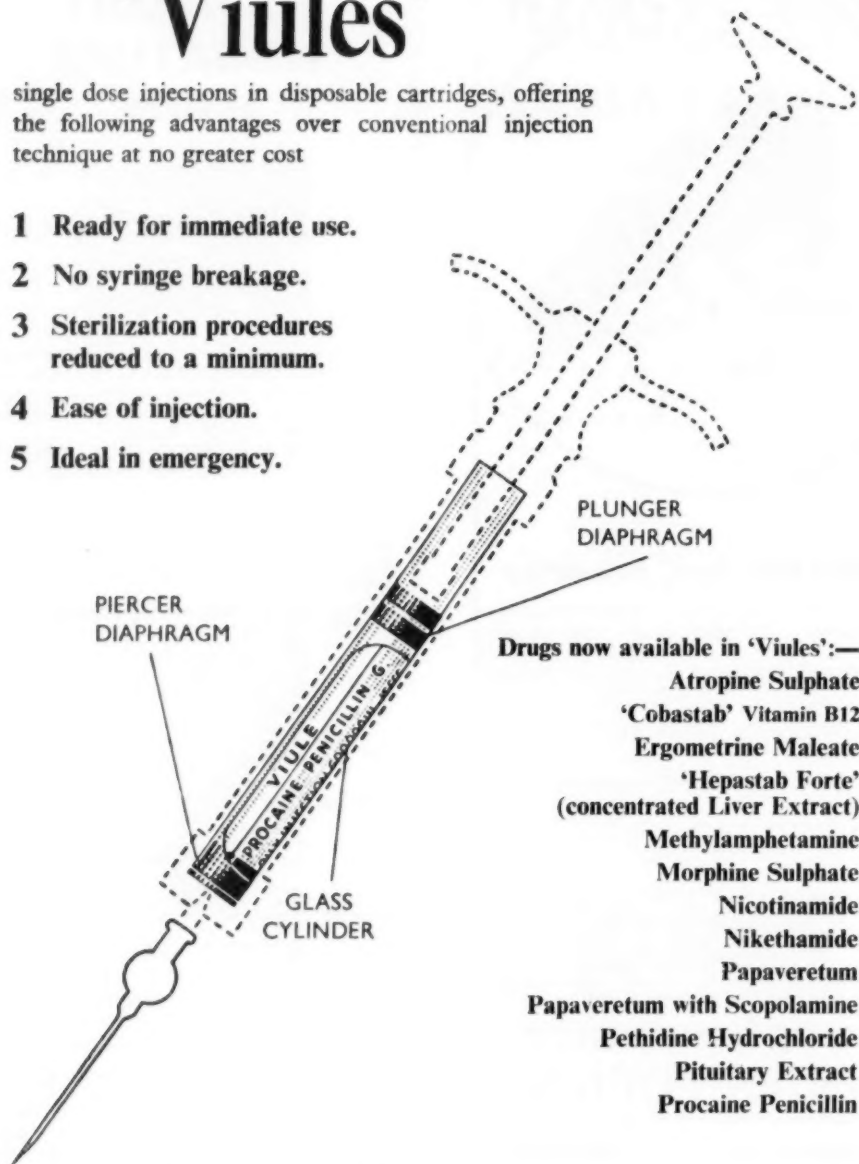
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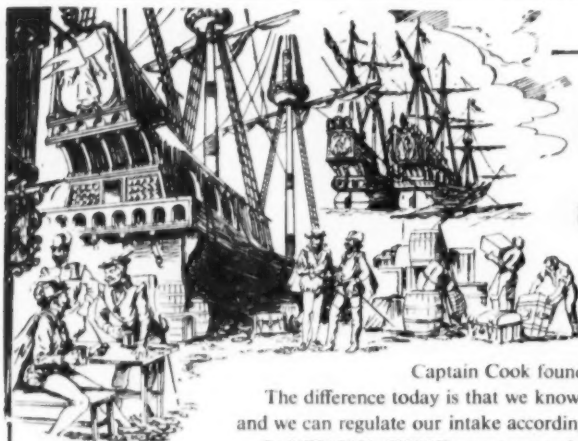
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## HOSPITAL JOURNAL

Vol LVII

APRIL, 1953

No. 4

### AN OLD CHESTNUT

*He will print them without a doubt, for he cares not what he puts into the Press.*

*The Merry Wives of Windsor.*

Pity the poor leader writer. Told to write a seemingly terrible number of inches (called *ems* by the initiated), rejected by his readers for the rival claims of the advertisement opposite, or the savoury tit-bits of the gossip column following, his sole consolation are delusions of grandeur as he proudly thumps out the editorial we on his type-writer. We, also, never read these editorial articles until we came to write one of our own. Bugged down in our particular Slough of Despond, yclept Cliché, we came to realise too, that one's difficulties lay not only in a not unoriginal use of the English language, but also in a choice of subject.

It seems that there are four main classes of subject for this page. Firstly the Grand Slam or "HATE." Something is wrong in this rotten world, the stinking abscess of corruption cries out for drainage by the editorial sinus forceps. For half a page our writer examines the situation with the ruthlessness and thoroughness of the Sunday Press. At last the line of treatment is clear; to follow this is to regain the golden age of one's dreams. But who does? Do we sit less in armchairs, or look less at Television, or resolve not to emigrate? The only people who really benefit from this display of spleen are the writer's friends, if he has any by then, as this particular topic of conversation is, from that moment, "out."

Then there is the airy-fairy arty-crafty editorial, headed with quite inappropriate quotations. This variety is harmless. Thirdly, one can be ever-so-up-to-date in medicine itself and take a leaf out of the other journals by discussing latest trends, or that hardy perennial, medical education. "He who can, does; he who can't, teaches" said G.B.S., to which a wag added "and he who can do neither, talks about teaching." Strictly this may be true, but it would be unfair to our editor to rule this out of court as a topic for the month. Thankfully at the moment there are few new ideas about how we should be educated. We will leave the whitened bones of this subject, therefore, to be picked by a successor.

Lastly there is the *Journal* itself, and as it is our text for this month (do we see you all turning over?) we shall say little about its potentialities or relevance as a subject.

This month we publish an article on the first volume of the *Journal* and we hope, as part of the celebrations of our diamond jubilee, which falls due this year, to follow this with a more general survey of its history. The surprising thing on reading the older issues is to note their sense of continuity with those of the present day. The older journals, with qualified men for their editors, may have possessed a more adult tone, but

lacked, we like to think, some of the necessary irresponsibility and roughness of their undergraduate-sponsored successors. Present day editors may think they stamp their personality deeply on their issues—thus in the past few years it has not been difficult to detect admiration of Pope and Swift, Oscar Wilde and Bernard Shaw and of Sidney Smith on this page, and perhaps at this moment its tone seems desperately teutonic—but much of this impression is illusory. To a large extent the choice of articles is dependent on the contributions received at that particular moment, and moreover there is always the gently restraining influence of the Publication Committee, albeit catholic in its tastes.

In the past editors frequently bewailed the lack of contributions. Thus we find this page sometimes headed: "On the importance of becoming a contributor," or "Bricks without straw." Now, although the number of contributions from the student body is little if any larger than before, we somehow seem at the moment to be well supplied with all manner of contributions, and can even occasionally afford the dangerous luxury of rejecting one of these. The *Journal*, too, is larger than ever before, and thus it is that we can devote more space to the same number of articles; we like to think that our contributors really have the opportunity of getting to grips with their subjects, and do not, as seem so many contemporaries to do, merely skate over the surface of highly involved questions. We have often thought that many of these serious articles, both clinical and extra-medical, are well worth having in permanent form, and would suggest to a later editor the possibility of giving birth to a blue-stocking sister for "Round the Fountain."

One noticeable feature at the present day is the lack of any good humorous writing. We look back with envy on the not so distant times when articles from Alan Tois, Hogarth, G. Harverfordwest (pronounced Harvest), J. Mc. O., and Evelyn Tent appeared regularly every month. Since then no comparable writers have arisen within the hospital. We do still get articles in this genre, of course, but they lack the wit and sparkle, whimsy and inconsequence of the older writers; the modern battle-axe misses the target which the rapier always succeeded in hitting. But apart from this lack, however, the aims and

contents of the *Journal* have changed little since its first editor laid them down.

It is not for us to say whether these fine ideals are still followed, but they certainly seem to us to represent a very worthy aim.

Looking through our untidy desk the other day we came across the artistic testament of a former editor, which is worth reprinting. *If the "Journal" ever acquires an office of its own again* (evidently this was written shortly after our forcible eviction from the College Office), *I suggest that the following mottoes should be printed on stiff boards and hung up at suitable points around the room.*

"Above all, no enthusiasm."

"Every hospital gets the journal it deserves"; and

"There are things of more importance in heaven and on earth than the Bart's *Journal*—except to its Editor."

We cannot now recapture the undertones of psychological trauma which coloured the original *cri de coeur*, but it was evidently deeply felt. The writer was quite right in implying that we owe our life to criticism, especially the rough destructive variety. For example our recent change of cover design has, we hear by devious means, provoked growls from several eminent lions. But do they write and say just how bad it is? Eric Gill's beautiful, if unsuitable, engraving for the pre-war *Journal* provoked much heated and lively argument in these columns; it seems that one of the many enervating effects of the late war has been to make us all too polite and neutral—a most unhealthy state of affairs.

We must also have plenty of contributions, especially from our own ranks. Only by constant selection and survival of the fittest can we ever hope to be true to our original aims, or indeed to raise our standards and keep up to date. Whether this will change the character of the *Journal* is indeed doubtful, and desirably so, but it is the responsibility of all our readers to refute Wilde's half-truth "It is the unreadable that always occurs."

#### 12th Decennial Club Dinner

The Coronation Year Dinner of the 12th Decennial Club will be held at the Naval and Military Club on Friday, May 15, at 7.15 for 8 p.m.

It is regretted that the fourth Friday after Easter, the usual date, is not available at the Naval and Military Club this year.

### The Hospitals Cup Match

On another page the Sports Editor—a rowing man, incidentally—has written we know not what on the rugger match versus St. Mary's in the Hospitals Cup. His account is at the business end of the *Journal*. Here, up at the front, we dwell in a literary fool's paradise all of our own, and regard everything that may catch our fancy with the unreasoning eye of the inexpert.

where vital capacity really does mean something, whatever the physiologists may say.

Especially did we enjoy watching the sound, safe defence work of Burrows at full-back, particularly valuable because, it must be confessed, a good seventy-five per cent. of the play was in the Bart.'s half. His achievement is the more remarkable because, though it would be untrue to infer that he was a stranger to rugger, nevertheless at one of



Photo: *The Times*.

So whatever *he* may say, we tell you that we enjoyed this match immensely. The support from the Hospital was most encouraging, and the Charterhouse Band (appearing by courtesy of British Road Services) was suitably cacophonous at the right moments. And the game was rugged and robust. Scott-Brown lost his shorts (almost) within the first ten minutes, two men were on and off the field in the same time, and under the banner headline "Man in Crowd Reset Shoulder," the *Star* later told "the inside story of a touch-line drama" when Mr. Dickson Wright deftly reset Hackett's shoulder after an injury sustained while preventing a certain try. In next to no time, thirty-one panting, heaving chests were demonstrating that this is a game

the older universities it was in table-tennis (how nearly we called it ping-pong!) that he achieved most fame.

### Reveille

As a sequel to a leading article in the *Journal* last year which dealt with the necessity of seeing hospital life through the patients' eyes (inspired, incidentally, by the warding of the then editor with a New Year syndrome) Dr. Malcolm Donaldson has sent us the Ministry of Health's memorandum on "The Reception and Welfare of In-Patients in Hospitals." It was Dr. Donaldson who persuaded the Medical Council to set up a sub-committee with the lamented Sir Holburt Waring as Chairman, to enquire into the

evil of disturbing patients in the very early hours of the morning. Eventually a rule was made that no patient was to be called before 6 a.m., except for therapeutic purposes.

This pamphlet shows an extraordinary humanity for matter enclosed between the familiar white covers of Her Majesty's Stationery Office. Among other matters it deals with reception arrangements, visiting hours, supply of books and newspapers, furnishings and food: matters which we may think of as trivial, but which are to the patient of equal, if not greater, importance than the progress and treatment of his malady. As it says in paragraph three of the book:

*It is difficult for those who are familiar with hospital life to realise just how incomprehensible and alarming hospital appears to the outsider. It tends too easily to give him the impression that he has got into the grip of a monstrous machine the working of which he cannot understand and cannot influence.*

We cannot believe that these thoughts will ever be inspired by a stay in Bart's. However, it behoves us all to remember these wise words, and always to think of patients as people and not merely "the first duodenal on the left."

#### Hot-Diggity-Dawg!

One does not have to be an arrant Communist to look askance at some of the ideas, methods and customs which cross the Atlantic along with Marshall Aid and arms for N.A.T.O. Some of them take a little swallowing. There was, for instance, the little matter of Errol Flynn winning the war in Burma. The latest shock to the staid sensitive British system was an obviously imported advertising stunt.

Under the heading of "The Samba of the New Sausage" the London correspondent of the *Manchester Guardian*, recently described how, on the invitation of a publicity agent, he and two hundred colleagues got up early to go to a Bond Street night club for a breakfast party, to celebrate the liberation of the sausage, now 85 per cent. proof. This party had everything—Don Enrico's gipsy band, flood lights, a girl with a tiara and necklace of chipolatas, and, of course, sausages, bacon and egg for breakfast. It was all a bit over-powering even for that hard-bitten profession. As the correspondent wrote: "One does not need to be a fuddy-duddy to have a low tolerance for rumba music at 9.45 a.m."

There was even a vocalist with a topical song. It's too good to miss.

*When you come down the stair,*

*Dance the sausage samba.*

*You'll forget your breakfast care,*

*Dance the sausage samba.*

*Farewell to old fried fish,*

*Dance the sausage samba.*

*Here's a good old breakfast dish,*

*Dance the sausage samba.*

He was forgetting that the Englishman, so far from dancing at breakfast time, cannot even make polite conversation at that hour, and solves the problem and salves his conscience by reading the paper.

What has all this got to do with the medical profession? Nothing—yet. But why should the sausage manufacturers have a monopoly of bright ideas? Why should the clinician who has made a new discovery be confined to the technical press for his sober publicity?

The physicians, conservative men for the most part, little given to the dramatics of life, might like to announce their new treatment by way of some poetry—an heroic ode, perhaps, or an epithalamion. The surgeons obviously would want something grander, with more punch to it. Howabout an opera to launch a new operation? Libretto by G. L. Keynes. Or a musical comedy? Theme song—sung by Cicely Courtneidge—"New Shunts for Old Veins." Lyrics by R. B. Price; plot, such as it ever need be, by Richard Gordon. Boy, it'll sendya!

#### Honoris Causa

A correspondent has kindly sent us the text of an address given by the Vice-Chancellor of the University of the Witwatersrand in presenting the degree of LL.D. (*Honoris Causa*) to the Minister of Health, Dr. Karl Bremer. Dr. Bremer was at Bart's from 1904-1908, and was an active member of the Rugger Club. After twenty years in general practice, he became an E.N.T. consultant and was President of the South African Medical and Dental Council for seven years. He was elected South African Minister of Health and Social Welfare in 1951. Since then, in the words of the Vice-Chancellor:

"He has already placed far-sighted measures on the Statute Book, after little more than a year and has piloted a bill through the House to legalise Post Mortem Examinations and the provision of material for grafting operations." Dr. Bremer is also taking a very active part in the Tuberculosis prevention

campaign in South Africa. "It is, then, Mr. Chancellor, on one who has already rendered great services to the community, as a planner not deterred by temporary setbacks, as a man determined to improve the foundations on which the health of the community is based, that I request you to confer upon Karl Bremer the degree of Doctor of Laws *Honoris Causa*."

### Three Hospitals Orchestra

*A Correspondent writes:*

"Mr. Franz Osborn has been kind and brave enough to play with the orchestra at this concert . . ." So ran a line in the programme note explaining the formation of the orchestra. Perhaps this modesty was advisable, for no one can predict the outcome of a debut of this sort: necessary, however, it certainly was not, for the success of the concert could have been foreseen after the first ten bars, and we, who, let it be admitted, had come prepared to tune down our critical faculties for the evening, relaxed our clenched jaws and prepared to enjoy ourselves. For this is what everybody—players and audience alike—did on this occasion and it must certainly augur well for the future success of the orchestra.

The concert opened with Haydn's *London* Symphony (No. 104 in D major). Mr. Norman del Mar gave this a conventional reading without mannerisms, though perhaps the tempo of the finale was a little exaggerated. Sibelius' *Scenes Historiques* had presumably been inserted in the programme for the pleasure it gave to the players and the opportunity to display each section of the orchestra, for there can have been little other justification for this third-rate piece of café music. An overture by Berlioz, such as *Le Corsaire*, would have shown up just as well the uniform excellence of all the departments of the orchestra, and would not have provoked so many yawns as the *langueurs* of the overrated Finn.

After the interval, Mr. Franz Osborn played Beethoven's Piano Concerto No. 3 in C minor, Op. 37, with the orchestra. In this country, with our classic tradition of Mozart concerto playing, we are apt to make our Beethoven too feminine and to neglect his more rugged aspects. No such charge can be laid at Mr. Osborn's door. He infused the piano part with the *Sturm und Drang* which rightfully belongs to it, but was not insensitive to the lyrical demands of the slow

movement. The orchestra provided a sympathetic and well-balanced accompaniment, but it was in their last item that they were to reveal their full splendour. This was as exciting a performance of the *Meistersinger* overture as the writer can remember ever having heard. The subtlety of the phrasing and the unique final arrangement of the five themes in counterpoint were so well brought out on this occasion that he fully expected an unseen curtain to rise and the choir in St. Katherine's Church to begin their chorale on the last crashing chord.

We hope now that the orchestra has undergone this baptism of fire that they, with their conductor who is famous for similar work with the Chelsea Symphony Orchestra, will look into some of the by-ways of music and give us works by such neglected masters as d'Indy, Pfitzner and Janáček. Certainly, on the basis of this night's attendance—though familiar Bart's faces were few and far between—they can always be sure of a large responsive audience. Let us hope that it may not be long before we at Bart's act as their hosts.

We understand that the orchestra still has need of more instrumentalists. Those interested should communicate with Miss Elizabeth Garrad, who is also the orchestra's librarian—Ed.

### Consultations

"Yes, I know Sir Thomas, but I believe in looking at these things from all angles!" In a letter to this month's *Journal* Professor Hadfield has set the scene of Dr. Geoffrey Evan's famous remark about the E.C.G. Medical and Surgical Consultations are, however, unknown to present-day Bart's men, although they are still a memory among our seniors. "The best show in town!" is the description of one of them.

At these meetings, held every Thursday afternoon, at first in the wards and then because of their popularity in the Theatre, all the great men would gather with their assistants and housemen and attract a crowd of students, qualified Bart's men and often strangers. Surgical Consultations began at 1.30; the Orthopaedic surgeons could afford to wait, as their operating list would hardly last beyond tea time anyway! Any surgeon with a difficult or interesting case would present it, inviting his colleagues to examine the patient. This done for all in the crowded theatre to see, the surgeon described his diagnosis and treatment and then each in order of seniority gave his opinion. Among the physicians, however, it was the hard lot



of the junior Assistant Physician to lead off.

In the early days of these meetings diagnostic aids were few and elementary. The E.C.G. was a later innovation. Diagnosis was usually difficult. The clinical experience of the older men enabled them to tower above the rest, for whom there were no path. reports or strips of film with which to challenge authority. We can irreverently guess, however, that they were not above attempting on occasions to confound each other; in fact, with Professor Hadfield's help we have caught Sir Thomas Horder politely in the act.

Founded in the eighteen sixties, Consultations had changed little when they faded out between the wars. They grew up at a time when diagnosis, however hard, was becoming increasingly reasonable. A surgeon of 1888 remarks that in his student days "elsewhere" the surgeons consulted behind closed doors and gave no reasons for their conclusions. The system had the great merit of associating the consultants and the whole staff with the student body. The hospital in the students' eyes had its focus, it hung together and its character and quality were published from the housetops. When in recent years diagnosis became simplified by a host of new techniques and the great men were driven to specialisation, Consultations declined in value, and any remnants were obliterated by the war. We more than regret their passing. This is one of several things we hold against the E.C.G.

### Bibliography

We have been sent a copy of a bibliographical check-list of the works of Philip Gosse, compiled by Raymond Lister, and adorned with a frontispiece—a silhouette of this distinguished son of Bart.'s. It came to us as rather a shock on reading the introductory note, to realise that Dr. Gosse did not embark on an author's career until well past forty. It is good news indeed that he has promised us an article for our special Coronation Diamond Jubilee number in June this year.

The check-list catalogues exhaustively Dr. Gosse's works, not a few of which, we are proud to see, are reprints from the Bart.'s Journal. We would commend to Paul Jennings' notice, should he ever be short of material for his weekly column, such intriguing entries as:

PHILIP GOSSE/GESCHIEDENIS/VAN DE/ZEEROVERIJ/ /ZEEROVERIJ IN

DE OUDHEID/DE PIRATEN VAN DE/ BARBARIJSEKUST/ (*colophon*) /VRIJ-BUITER REEKS/I/MCMLII/ N. V. UITGEVERIJ W. P. VAN STOCKUM & ZON/'—GRAVENHAGE.

or SOCIETY/for the SPREAD of STICKLEBACKS/in SUSSEX./ (*device*) 1932.

### The Women's Guild Draw

We are looking forward to hearing on April 29, when the draw is made by the Lady Mayoress, that some poor wretched medical student eking out a solitary bachelor's existence in a room measuring 10 ft. by 8 ft. has won the first prize of an English Electric refrigerator. The situation will be similar to that of the farm labourer who won a large Humber in the motoring competition run last year by the *Daily Express*. However, we expect that English Electric will do the big thing and take the refrigerator in part exchange for a Canberra bomber.

Those who have not yet bought a ticket are urged to buy one (price 1s. 0d.) from the evil-looking people who sell them. Those who have already bought one should buy another. At various intervals throughout the year you are mulcted of your hard-earned shillings for causes far less worthy than this one, so don't begrudge them for the Women's Guild, to which patients and nurses alike have cause to be very grateful. Anyway, if you've no use for a fridge, there's always the case of champagne, or the six-guinea perm., or the *dîner à deux* at Kettner's, or a double ticket for the Coronation Ball. . . .

Bart.'s men who are out of reach of the "evil-looking people" may buy tickets until April 22 by application (with money!) to the Editor.

### Congratulations

to Mr. Hume on his election to the Council of the University of London Senate. We believe with this appointment the hospital is unique in its large representation: the other two Bart.'s members are Dr. C. Harris and Mr. Tuckwell.

to Ian Tait on his engagement to Miss Janet Nye.

to Gordon A. Reed on his engagement to Miss C. Elizabeth Philips.



**Contributor**

Dr. Christopher Maddox qualified from Bart.'s in 1936 (M.B., B.Ch., Cambridge) and after having held Resident appointments he went out to Central China to work at the Henrietta Bird Memorial Hospital at Langchung, Szechwan, under the auspices of the China Inland Mission. At this hospital he and his wife worked continuously for many years and helped to train Chinese students and nurses; more recently, in common with other English people, they were ordered to leave the country at short notice. Now Dr. and Mrs. Maddox are at Kampala, Uganda,

and are finding it quite a different country as far as the climate is concerned, and probably in other ways as well. His article in this month's *Journal* is an interesting account of one of the many cases with which he dealt in China.

**The Wessex Rahere Club**

will hold its Spring Dinner at the Castle Hotel, Taunton, on Saturday, April 18th. Further details from the Hon. Secretary, Mr. A. Daunt Bateman of 3, The Circus, Bath.

**View Day**

will be on Wednesday, May 13th.

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**TYPHOID FEVER AND CHOLECYSTITIS**

*By CHRISTOPHER MADDOX, M.D.*

ALTHOUGH cholecystitis is a definitely recognised complication of typhoid fever, it is perhaps not very generally recognised, nor is it frequently reported in the medical literature.

Cholecystitis is associated with typhoid fever in one of at least four ways:

1. Acute cholecystitis may develop as a complication during the course of typhoid fever. Since Gilbert and Girode first drew attention to this in 1890 (Ref. 1) it has been frequently noted, and reported mainly in the foreign literature. Like many other of the various complications of typhoid, the possibility needs only to be borne in mind for it to be recognised; but failure to recognise it may have grave consequences. (Ref. 2).

2. Acute cholecystitis may be the condition for which the patient seeks advice and is treated, the underlying typhoid infection being discovered at a later date. Rubenstein illustrates this with an account of a student nurse who developed typhoid fever. Enquiries to find the source of infection revealed that in the previous four weeks three patients had been treated for gall-bladder disease in the ward where the nurse worked, and that one of these who had had a cholecystectomy for acute cholecystitis had a positive Widal reaction and positive stool culture six weeks after operation. Review of the history and symptomatology made it

clear that this patient had in fact had typhoid fever, with acute cholecystitis as a complication. (Ref. 3).

3. Acute cholecystitis may develop years after a typhoid infection which may or may not have been recognised at the time. (Ref. 4).

4. Chronic cholecystitis and cholelithiasis may be found in chronic typhoid carriers. (Ref. 3, 5).

The treatment of cases falling into groups three and four is on the usual lines for the inflammatory process, but their importance lies in their potential infectivity and the risk for nursing staff and others associated with their care.

Rubenstein finds that acute cholecystitis complicating typhoid is reported most commonly in children (Ref. 2). Other writers report that in such cases there is a high incidence of perforation of the gall-bladder—a serious eventuality. Thomas reported 39 out of 154 cases (Ref. 6), and Liège and Folliasson reported 16 out of 35 cases in children (Ref. 7). So, as with acute appendicitis, early recognition and early treatment is important in all cases, and especially so in children.

The following is reported as a case of acute cholecystitis complicating typhoid fever which was successfully treated by simple cholecystostomy.

## CASE REPORT

L.Y.M. a Chinese male office worker, aged 28, was admitted to the Second North Szechwan Hospital on 20.7.51. He gave a history of two weeks' illness which he described as malaria, starting with fever on alternate days. He had been treated for malaria (probably with atebirin), and later went deaf. The fever continued; he developed a cough and some sputum, and marked constipation.

On admission the temperature was 102° F., pulse 88, respiration 24. Positive findings on examination: there was marked impairment in hearing—he could hear when addressed in a loud voice. He was not stuporose (nor at any time subsequently). In both lungs rhonchi could be heard scattered throughout. The spleen was markedly enlarged; there was some tenderness in the right hypochondrium. Blood examination showed R.B.C. 4,600,000. Hb. 98%. W.B.C. 7520/c.mm. Malarial parasites were not found. There was some albuminuria and a few granular casts were reported.

Progress: after admission the temperature fell to 95° which suggested a diagnosis of malaria, but this fall was probably due to aspirin (0.3 gm.). The next day the temperature rose again to 103.4° and continued to rise to 104° and a maximum of 105.2 on one occasion; there was one major remission in this period, again probably due to aspirin. The pulse rate ranged 90-110, and respirations were about 30. In repeated blood films parasites were not found; the white blood count was falling; Diazo reaction of the urine was negative; there were no facilities for blood or stool culture, or Widal reaction. Slight cough persisted without any more marked signs in the lungs. There was also some diarrhoea; the abdominal pain became more severe with distension and rigidity, more marked on the right side; at one time the possibility of typhoid perforation was considered.

Three days after admission, with a tentative diagnosis of typhoid fever based on the continued high fever and deteriorating general condition, the use of chloromycetin was advised. When this was started two days later the temperature had already fallen to 101-102°. A total of 9 grams chloromycetin was given in three and a half days. On the first day the temperature rose again to 104° and then fell to 100-101°. There was marked improvement in the general condition and

the patient declared that he was well; hearing gradually returned to normal, appetite returned and was difficult to control.

For the next two and a half weeks the general condition continued to improve but swinging fever developed, being sub-normal every morning and rising to 101-103° every afternoon. Tenderness, rigidity, and a suggestion of a mass in the right hypochondrium, persisted. Repeated white blood counts were low, 3,250 to 4,850; moderate anaemia had developed—R.B.C. 2,770,000, Hb. 58%. Repeated examinations for the malarial parasite were negative and the empirical use of paludrine was without effect. 500,000 units of penicillin given in two and a half days had no effect. X-ray screening of the chest showed no abnormality except slightly diminished movement of the right diaphragm. Although the pain, tenderness and swelling of the right hypochondrium were definitely less, it was thought there must be some active lesion to maintain the fever; continued low white blood count did not support the diagnosis of a sub-phrenic abscess which was suggested on the supposition that there had earlier been a small perforation which healed itself. On a tentative diagnosis of cholecystitis or possibly sub-phrenic abscess, exploration was advised.

*Operation, 17.8.51.* Under general anaesthesia the right hypochondrium could be more accurately palpated and a smooth rounded tumour was felt. A two and a half inches obliquely transverse incision was made over the tumour and on opening the peritoneum a tense gall-bladder presented, surrounded by omentum and peritoneal adhesions. Aspiration produced thick dark dirty-green bile—a smear subsequently showed large numbers of short chain streptococci and gram-negative bacilli. The gall-bladder was drained and the wound closed in layers.

The day after operation the temperature rose again to 104.6° and the pulse increased to 110; thereafter temperature and pulse fell gradually to normal, and remained steady. On the second day the bile draining changed to clear amber colour. The drainage tube was removed on the tenth day and the biliary fistula healed spontaneously in a few days. Further convalescence was uneventful and the patient left hospital fully recovered about three weeks after operation, that is about seven weeks after admission and nine to ten weeks from falling ill.

## DISCUSSION

*Diagnosis.* With limited laboratory facilities the diagnosis was not established beyond doubt. Malaria, or other parasitic infection can almost certainly be ruled out. Primary acute cholecystitis must be considered, but the clinical course, enlarged spleen, and low white blood count were not like acute cholecystitis as usually seen. Except for the absence of any stupor, the picture was averagely typical of enteric fever and the diagnosis of typhoid fever complicated by cholecystitis, seemed the most reasonable.

*Treatment.* In the literature it seems that cholecystectomy is the treatment of choice, when possible. But where this is not possible, cholecystostomy avoids the serious risk of perforation, though cholecystectomy may be necessary later to deal with a chronic carrier. (Ref. 2).

I have not found in the literature any account of the effect of antibiotics on such cases. Dr. Mao, who had used chloromycetin effectively in a number of cases of typhoid, said he had not found it of much effect in the complications. (Personal communication). In the case reported here there was no obvious effect. It may well be questioned whether dosage was adequate, but it should be noted that, largely for reasons of expense and

supply difficulty, it is customary in inland China to use potent preparations in smaller doses than commonly used in England, and that these smaller doses seem equally effective. It would be interesting to know the experience of others in this type of case.

In the case reported, cholecystostomy led to a clinical cure, but it is impossible to discover whether the patient has become a chronic carrier.

## SUMMARY

The association of typhoid fever and cholecystitis is briefly reviewed. A clinically diagnosed case of typhoid and acute cholecystitis is reported. Treatment by operation and chemotherapy is briefly discussed, and it is suggested that the role of chemotherapy in prevention and treatment of complications needs further investigation.

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## SUB-CRANIAL LIPOMA

*To H.W., who after two years' obscure nervous symptoms was brilliantly diagnosed, operated upon, and restored to health by a well-known London surgeon from "another place."*

Your efforts to hoax all those medical blokes  
 Shewed a somewhat malign form of humour ;  
 It is pleasant to find what you had on your mind  
 Was only an innocent tumour ;  
 It is now common tattle that Ordeal by Battle  
 The blight on your brain has combated,  
 But I'll witness on oath this lipomatous growth  
 Proves you, not the doctors, the fathead !

R. B. PRICE.

## BART'S IN 1893

As seen in the first volume of the "Journal."

*We've a Paper, you know, at the Hospital now,  
Only just lately it made its first bow;  
Not before it was wanted, I think you'll allow.  
For a tanner you can usually spot it,  
It reads very well in a sort of a way,  
And when made a bit brighter is likely to pay;  
Just at present it's a little too h'm-h'm, they say,  
D'you know what?*

*Scientific?*

*You've got it!*

So ended the duet sung by Messrs. Gale and Birdseye at a concert given by the Smoking Concert Club in the French Room of the St. James' Restaurant, Piccadilly, on December 2, 1893. It was well received and an encore demanded, though whether the audience was approving the birth of the *Journal*, or supporting the complaint about its contents, no record remains.

Volume I, Number 1, is dated October 14, 1893. It cost 6d., with an annual subscription of 5/-, was published from the Hospital and was printed by a firm with a long connection with Bart's, Adlard and Son, then of Bartholomew Close. The first editorial tells us something of its genesis, and shows that the *Journal* is closely linked with the foundation of the Amalgamated Clubs.

Apparently there had been an attempt in the 1870's to publish a monthly paper, which came to nothing. In 1885 a "serio-comic journal in manuscript" ran for six issues; then it, too, "deservedly retired into obscurity." In the summer of 1892 the Amalgamated Clubs were put upon what is substantially the present basis, replacing, for financial purposes, the hitherto autonomous students' clubs. They soon found their feet, showed a surplus of £200 in the first 12 months, and in May, 1893, decided to start the *Journal*. According to an article by Mr. (later Sir) Anthony Bowlby in November, 1893, the leading part in suggesting and organising the amalgamation was taken by W. M. Borcherds, who was to become the first Editor.

His first Editorial is capped by a quotation

from the *Odes* of Horace, which was to linger on for many years.

*Aequam memento rebus in arduis  
Servare mentem.\**

Book ii, Ode iii.

He starts in a very matter-of-fact way: no sugary sentiment or declamation of high ideals for him. "The objects of the *Journal* are . . ." to record clinical and academic work and lectures done and delivered in the Hospital and not recorded elsewhere; to promote and extend the feeling of *esprit de corps* among past and present students; to keep up the interest of old students in the doings of those at the Hospital; and finally, and most hopefully, "to give publicity to anything original in the way of articles, verse, or drawings, and to act as a means by which those who write may learn to perfect themselves in that art, before they plunge into literary work in a wider sphere in after life."

He goes on to explain how the *Journal* came about and concludes humbly enough: "We ask the indulgence of our readers for any shortcomings in this, our first issue, with the promise that we will do all that we can to improve in the future. Our excuse is not want of time, but lack of experience."

He need not have been so self-effacing, for the standard of the first twelve issues is surprisingly high, considering that he was starting an entirely new venture with no

\* The Ode to Dellius.

*Brace thee, my friend, when times are hard  
To shew a tranquil mind.*

Why this lugubrious quotation was used to send the *Journal* on its way it is impossible to discover—unless there was more acrimony and difficulty over its beginning than the records reveal.

previous experience. The *Journal* was, perhaps, a little too "h'm-h'm," but then it still is, and will probably remain so. It is pleasant to record that while still in office the first Editor passed Conjoint and was well on the way to a Cambridge degree.

It would be interesting to review the activities of the personalities, clubs and societies of the Hospital as depicted in the first volume.

from time to time, exhorting the laggards to join. The particular concern of the Clubs was the purchase of a new sports ground. With the help of the Medical College one was found at Winchmore Hill and there are repeated references to the problems arising out of its acquisition.

Then, as now, students shunned Annual General Meetings. One was held on October 11 and only 20 out of 300 members



### The Amalgamated Clubs

The founder clubs were the Athletic, Boxing, Cricket, Association Football, Rugby Football, Boating (*sic*) and Swimming, in association with the Abernethian Society. In May, 1893, the Lawn Tennis Club was admitted to the Amalgamation and in October came the *Journal*, which is thus the organ of the Students' Union, and not of the Hospital or the Medical College.

Today all students are compulsory members of the Amalgamation, and pay their life subscription without any option. But at the beginning membership was quite voluntary and Editorial encouragement was given

attended. Somewhat paradoxically the record has it that a vote of thanks to the retiring secretaries was "carried with acclamation." But then "the rest of the business was postponed for the want of a sufficient quorum."

The balance sheet for the year 1892-1893 is interesting. Income was £497, expenditure £332. Grants to Clubs totalled £159, including £40 for rugby, £37 for soccer, £26 for boxing, and £33 for athletics. The Boating Club, being in decline, received nothing. The balance sheet was audited and found correct by two junior members of the staff.



### Sport

Our sporting record throughout the year was not one of much distinction, except in athletics. Bart.'s had held the United Hospitals Athletics Shield from 1885 to 1892, so that contemporaries "had come to look upon it as a permanent ornament to the Bart.'s Library. Guy's robbed us of it in 1892," but 1894 saw its recovery, "by the substantial margin of six wins and six seconds, to Guy's five wins and four seconds, St. Mary's taking the odd second." Three United Hospitals records were broken, two of them by Bart.'s men, A. Hay and J. Johnston. The other Bart.'s stalwarts were W. F. Bennett, C. V. Cornish and S. F. Smith. The Sports included a five miles bicycle race in which, it would seem, Bart.'s found it too undignified to compete.

In his August, 1894, Editorial the Editor exercised his undoubted prerogative to criticise all and sundry. "Even the winning of the shield does not wipe out the disgrace—for disgrace indeed it is—that in this large hospital, with so many students, we do not at present hold either of the Football Challenge Cups . . . and we are seldom, if ever visited, by the Cricket, Tennis, Rowing, or Rifle Cups." He might just as well have been writing today.

The Rugby Club seems to have had little enough excuse for its defeat by St. Thomas' in the first round of the Cup by 27-0. In November, 1893, the Editor was complaining that though several first-rate football players, who had distinguished themselves elsewhere, had entered the Hospital, they seemed to be playing for other clubs, "and do not intend to be active members of our own club until later on, when they will join in the cup ties." They presumably were soon reminded where their first loyalty lay. However, the Hospital did provide Blackheath with its captain, H. Marshall.

In association football Bart.'s succumbed to Guy's 1-0. It seems that nothing could go right, for after attending the joint football clubs' dinner the *Journal's* correspondent wrote: "Not only was the food bad and meagre, and the speeches little better, but music was conspicuous by its absence. Truly, indeed, there were bucolic voices, but their clang would have risen on any occasion."

In cricket we seem to have done better. Unfortunately, June is the only month in which the Club's matches are recorded, but by then it had won six of the eight it had

played, and defeated London Hospital in the first round of the Cup. The Tennis and Swimming secretaries were more energetic in reporting their clubs' activities, but their tales are doleful ones. The Boat Club announced its wakening from a three years' slumber and its decision to enter the Inter-Hospitals Challenge Cup race.

The Editor, though not apparently a great sportsman himself (he figures in none of the teams), was a keen critic throughout the year, and firmly approved of sport and exercise. In January, 1894, in an Editorial entitled "Football as a Moral Agent," he quoted with approval from an article in the *Nineteenth Century*: "Whatsoever tends to quicken the circulation, to raise the spirits and to purify the blood is, *ipso facto*, a moral agent." Shades of Dr. Arnold!

### Other Clubs and Activities

The Abernethian Society flourished throughout the year, and its meetings, which were weekly in term-time, were fully reported in the *Journal*, not a few of the addresses being reprinted in full. They were given by many who were already well-known in medicine and surgery, among them Sir Dyce Duckworth, Dr. (later Sir) Archibald Garrod, Dr. (later Sir) Wilmot Herringham, Mr. (later Sir) Anthony Bowlby, Mr. McAdam Eccles, Dr. Ormerod, Dr. Shore and Dr. Kanthack. Plans were being made for the centenary of the Society in 1895.

Probably the most interesting paper read was that by Mr. Alfred Willett on Edward Stanley, F.R.S. Born in 1792, he was made Assistant Surgeon to Bart.'s at 24, became P.R.C.S. twice, and was appointed Surgeon to Queen Victoria. Mr. Willett had been his house-surgeon and his account of the man and his career is a model of lucidity and interest, describing with candour and insight "a man of no transcendent genius, nay, of hardly more than average ability, who, almost without fortune or friends, by his own unaided energy, having a good start in his professional life, so availed himself of his opportunities that he reached the topmost rung of the ladder."

In marked contrast to the grave deliberations of the Abernethian Society were the gay noisy concerts of the Smoking Concert Club. Meeting at St. James' Restaurant about six times during the winter, its talented members sang, played and recited to each other in the traditional Victorian mode, all, it is to be assumed, in an atmosphere heavy with smoke



and redolent with the aroma of Havanas. The artistic standards were not particularly high—"Mr. Dick Welch came on again and sang 'Now he's found out where 'e are' and 'Liza's Tootsies,' which brought forth great applause"—but the concerts were very popular with both students and staff.

The Musical Society boasted a Conductor, and Orchestral and Choral Librarians, as well as the usual officers, and during the year entertained at a *Conversazione* of the British Nurses' Association, joined the Dramatic Society in the Annual Christmas Entertainment and in mid-summer blossomed forth in strength at the Annual Summer Concert in the Great Hall.

The Dramatic Club was the subject of a short historical review in February, 1894. It had been formally inaugurated in 1884, though the first dramatic performance was the production of "Little Toddlekins" and "A Regular Fix" on January 3, 1883. The Christmas Entertainment was not the Pot-Pourri we enjoy today, for there were then no ward shows. It was a concert, jointly put on with the Musical Society, for the benefit of nurses, students and staff. One of the disadvantages under which the Club laboured was the persistent refusal of the College authorities to allow any women to take the female parts in its productions. In 1890 it had been very ambitious with "The Merchant of Venice" and "The Critic," but these must have been too much for their audience, and by 1894 the Club was back to "Little Toddlekins" standard with "Freezing a Mother-in-Law" and "Not such a Fool as he Looks." The Club also used to undertake something called "Inquest Room Entertainments," which may not have been so bad as they sound. No wonder that "a short time since one of the very few who were opposed to the Club, expressed his opinion that members . . . were only saved from the mischief that Satan finds for idle hands to do by rehearsing for the Christmas Entertainment. We are happily in a position to refute this charge, for we have gone carefully through the careers of past members, and find that many of them now hold high positions, that gold medals, scholarships and honours have by no means infrequently been gained by our members and that 95 per cent. of past members have qualified." And the odd 5 per cent. presumably, did very well on the stage.

Other clubs which still flourish actively participated in the life of the Hospital 60 years ago. The Photographic Society had an exhibition early in November, 1893, and one part of it was set aside for the technical work of the Society—the photographing of cases from the wards for the Museum. This is a task which has now been taken over by the Department of Medical Photography.

The Cambridge-Bart.'s Club held its eighteenth dinner at the Café Monico, also in November. Dr. (later Sir) Norman Moore was in the Chair and the diners, as usual, provided their own entertainment. "Drs. Glover and Stack sang several songs, and Mr. Maitland gave the song which commemorated the foundation of a college by Dr. Caius. Dr. Moore entertained the company with a piece of Irish folk-lore, which was received with great interest and applause."

The Decennial Clubs were a flourishing feature of old Bart.'s social life. The First Club was inaugurated in 1816 and the July 1894 *Journal* announces the demise of the Fourth (whose members joined the Fifth). The Fifth, Sixth and Seventh all announced and held dinners, and steps were being made to start the Eighth.

We can also read of what may well have been the first Hospital Ball. In December, 1893, a student wrote: "A dance, I think, would be hailed by many of us with great satisfaction. Would it not be possible to get up something of the sort?" But he hastened to dissociate himself from all responsibility, for he ended: "Trusting that this suggestion will be taken up by someone more capable than myself . . ." It appears from subsequent issues that the idea was encouraged by the wives of two members of the visiting staff and in May it was announced that "a dance will be held under the patronage of Lady Lawrence at 77, Harley Street, by the kind permission of Mr. and Mrs. Walsham, in aid of the Samaritan Fund of St. Bartholomew's Hospital." Dancing was to be from 9 p.m. to 2 a.m., and the price of tickets was to be: Ladies, 7/6d.; Gentlemen, 10/6d.; two Ladies and one Gentleman, £1 1s. 0d. It duly took place, was adjudged a great success and £15 6s. 0d. was given to the Fund.

Our predecessors seem to have been more convivial than we are today, for the *Journal* contains the records of various social functions which we no longer enjoy. Prominent

among them was the Stewards' Feast, held every two years in the Great Hall, to which the Stewards seem to have invited everyone connected with the Hospital and Medical College down to and including Junior Registrars. It was also known as the "Buck Feast," venison always being one of the chief items on the menu. The Old Students' Dinner—a casualty of the recent war which still has to be revived—was also held in the Great Hall. View Day was another occasion for a dinner, given by the Treasurer to the Governors, Visiting and Resident Staff, and Prize Students; while the retiring resident members of the Junior Staff gave a farewell dinner for fifty people on March 29, 1894. It was followed by a concert until 11.30 p.m. "The concert over, the company divided itself—a few went home, some untoothed the sorrow of parting with the aid of cards, while others solaced themselves with a keenly contested game of football, played in Smithfield, and followed by a concert at Mackenzie's."

#### The Nurses

There are not many references to the nurses in the first volume. At the View Day Dinner in 1894 Sir Trevor Lawrence said that though the number of in-patients was the same in 1884 as then, the number of nurses had increased from 117 to 303. (It is now over 600.) It would seem that they attended the Abernethian Society in greater strength then than now, for the introductory address by Mr. Henry Power, F.R.C.S., on "Observation" was attended by Matron, several Sisters and rather more than 100 of the nurses.

In April, 1894, the Editor records with approval that the Matron, Miss Stewart, "upholds the cardinal principle of *mens sana in corpore sano*, and recommends golf and other outdoor exercises for nurses," while in June she is recorded as having started a Debating Society for the nurses. Miss Stewart was obviously a lady of some eminence among those of equal rank, for in July she was elected the first "chairman" of a new nationwide Council of Matrons, in the formation of which she had been the foremost advocate.

#### Famous Bart.'s Men

The first issue of the *Journal* records the presentation to the Governors by his colleagues and pupils of an oil-painting of Sir William Savory, consulting surgeon to the Hospital. He had been elected P.R.C.S. four times and was surgeon-extraordinary to Queen Victoria. The record of the presenta-

tion ends with the somewhat ambiguous remark: "He was the great opponent to Listerism (not antiseptics) when it was introduced by that great surgeon."

The retirement of Dr. Andrew, the senior physician, is also regretfully recorded, and at a ceremony in July he, too, was presented with his portrait which he then entrusted to the Hospital. The record leaves one in no doubt of the affection and esteem felt for him by both students and staff.

Among the students' achievements the most notable was that of T. J. Horder, who was just starting his clinical course. During the year he won the Hichens, Harvey and Wix Prizes, and the Senior Scholarship in Anatomy, Physiology and Chemistry, took first place in Honours Physiology in the B.Sc. examination, and passed the First F.R.C.S. examination. The late G. E. Gask, who was Professor of Surgery here, Director of the Surgical Unit, and one of the originators of the medical and surgical unit system, also distinguished himself in the prize and examination lists. P. Horton-Smith (later Sir Percival Horton-Smith Hartley) was appointed house-physician to Dr. Gee, and M. G. H. (now Sir Matthew) Fell and the late-lamented Josiah Oldfield figure in the examination lists, among others whose names have a familiar ring.

Such, then, was Bart.'s sixty years ago, as recorded in the first volume. The very first article, by Sir Dyce Duckworth, was entitled, appropriately enough for a hospital journal, "On Clinical Aptitude." The last was "A Reminiscence of Forty Years Ago," by Dr. Elizabeth Blackwell, of whom you will read elsewhere in this issue and who begins thus: "Among the most honourable records of the ancient foundation of St. Bartholomew's is the admission of the first woman-physician to the full educational advantages of the Hospital."

For sixty years the *Journal* has noted these "most honourable records" as they have occurred, and with the passing of the *Hospital Reports* it is the sole official publication emanating from Bart.'s. Its bound volumes are the richest mine of recent Hospital history—a never-ending source of information, interest and — as *Round the Fountain* will witness—delight. That they should continue to be so is the responsibility of all Bart.'s men.

I.H.B.

## COMPETITION

By kind permission, we reproduce in the form of a Readers' Competition the paper for the Stephen Potter Medal and Prize. Only one entry was received this year, that of a gentleman of quality who refused to take the examination on his own because, as he said, it seemed unsporting. Readers will be spared the ordeal of the usual time limit in this paper (ten minutes) but are warned that an unusually high standard is expected in entries. The final decision will rest in the hands of the gentleman of quality to whom we refer above and who informs us that he is looking forward to some amusing attempts. The usual prizes will be awarded.

### STEPHEN POTTER MEDAL AND PRIZE 1953

February 29 — 10 to 10.10 a.m.

- Q.1. (Preclinical) What led **you** to take up Medicine ?
- Q.2. (First Year) The new Registrar fagged for you at school. Exploit the situation.
- Q.3. (Second Year) A Visiting Physician mistakes you for his new houseman and invites you to dinner. Discuss.
- Q.4. (Final Year) By accident and unknown to yourself you are elected unopposed as President of the Abernethian Society. Greet the announcement.
- Q.5. (Failed M.B.) Why ?
- Q.6. (Compulsory) You win the Stephen Potter Medal and Prize but you are not offered the usual house-appointment. Explain.

Candidates are requested to write their names and schools distinctly on the top of each page and also on the outside of the folded paper ; to begin each question on a fresh page ; to place the answers in the order they consider most important and to number the pages. Marks will not be lost for careful handwriting but the use of typewriters is recommended to all but Final Year candidates. A continuous photographic record will be made of the movements of all candidates during the written examination. Successful candidates must be prepared to present themselves for vivas at short notice.

*Though readers may not believe it, this is a proper Competition, for which the usual prizes of book tokens will be awarded. Two questions only to be attempted. Entries to A Gentleman of Quality, c/o The Journal, by May 15th.—ED.*

## POPULAR FALLACIES IN MEDICINE

By P. F. LUCAS, M.D., M.R.C.P.

*continued*

**Causes of blood-stained pleural effusion :** Lord Horder (1921) said ; " The commonest cause of blood-stained pleural effusion is not malignant disease of the lung or pleura, but the commonest cause of pleural effusion in general—tuberculosis." Gee (1908) had also noted that "... it occurs in some cases which rapidly recover ..." ; these are mostly the result of infarction of the lung.

**Significance of bronchophony and pectoriloquy :** These valuable physical signs seem to be a blind spot for many students. All appreciate the importance of bronchial breathing and all have difficulty in distinguishing it, yet few make use of nature's kindness in providing two confirmatory signs.

**Treatment of Dicoumarol Overdosage :** James, Bennett, Schienberg and Butler (1949) demonstrated that water-soluble preparations of vitamin K (the only ones in general use in this country) have little action in this condition ; they did show that pure vitamin K1 oxide in large dosage is effective. Until this drug recently became available in this country fresh blood transfusion was the only means of relieving this dangerous hypoprothrombinaemia. Now that vitamin K1 oxide is more freely available it is good to find Toohey (1952) confirming James *et al.* in their opinion of its great superiority, even when given by mouth, over water-soluble preparations.

### The Meaning of Malignant Hypertension :

This term may mean primary malignant essential hypertension, a disease which usually occurs over the age of 40 and which may prove fatal within a few weeks ; or it may mean a syndrome of hypertension associated with papilloedema and renal failure arising on hypertension of any other cause—benign essential hypertension, perhaps of some years' duration, chronic nephritis, or pyelonephritis, Cushing's syndrome or even coarctation of the aorta or suprarenal tumour. The diagnosis of malignant hypertension of any type is made by the demonstration of its specific pathology—acute arteriolar necrosis ; the presence of this lesion may be deduced from the presence, with hypertension, of papilloedema and renal failure (Pickering *et al.*, 1952). That secondary to so-called symptomatic hypertension is probably commonest, especially under the age of 35 years (see Platt, 1948, and Platt and Davson, 1950).

### Treatment of Pulmonary Congestion :

The oedema of the lungs when the left ventricle fails is comparable to the peripheral oedema of right ventricular failure. Its relief requires almost identical measures and is usually more urgent. Restriction of salt in the diet and administration of digitalis and diuretics will generally provide relief in either case. A student who will not fail to prescribe them for peripheral oedema often boggles at pulmonary oedema.

### Distinction Between Cardiac Impulse and Apex Beat :

These terms are not synonymous. The first is the movement caused by the contraction of the heart, the second is a point—that point furthest downwards and outwards at which the cardiac impulse can be clearly felt. Valuable information will be lost if the attention is not focused on each separately (see Horder and Gow, 1928).

### The Occurrence of Pulmonary Infarction :

The misconception that thrombosis in leg veins, and consequent pulmonary infarction, is primarily a surgical and obstetrical problem is dying hard. Short (1952) found that of 120 consecutive cases of pulmonary infarction 70 occurred in medical wards (2.5 per cent. of all admissions), 30 in surgical and 20 in obstetrical. The classical pleuritic pain and haemoptysis were present in only a minority, 80 per cent. of the medical cases had heart disease. Discomfort in the chest, dyspnoea and tachycardia were common. Pleural effusion was present in 20 per cent. Physical and radiological signs were often transient or absent; the classical wedge-shaped shadow was seen in only four cases (Short, 1951). Diagnosis must depend on awareness of the conditions in which it is common (British Medical Journal, 1952). Stasis is the main factor. Who fails to anticipate the dangers of bed rest (Asher, 1947) allows potential emboli to form in his patients' legs.

(To be continued)

## STAFF APPOINTMENTS

The following appointments to the Junior Medical staff have been made with effect from the dates indicated :

### Diagnostic X-ray Department

Registrar ... .. Dr. B. Green, from 1.2.53 (vice S. J. Hinds)

### Ophthalmic Department

Refraction Officer ... .. Mr. H. J. R. Thorne (vice H. B. Jacobs)

### Junior Surgical Registrars

Mr. Corbett's firm ... .. Major Grant, as locum from March to July, (vice D. A. Watson)

Mr. Naunton Morgan's firm ... .. W. M. Keynes, for one year from date to be arranged. (vice J. H. Roberts)

### Junior Medical Registrars

Dr. Cullinan's firm ... .. Miss E. S. Tomlinson, for one year from 1.3.53, (vice R. C. King)



## ELIZABETH BLACKWELL

(concluded)

The news excited much attention throughout America. Her scoffers were compelled to admit that this small, pale figure, in her black brocade gown, black silk stockings and gloves made an imposing and dignified sight as she bowed before the President. He rose, doffed his mortar board and substituting "Domina" for "Domine," presented her with the diploma. Even in England the event was reported in the papers, and Punch hailed the fair M.D. in a poem of seven verses, even suggesting that the ladies of England might follow her example:

*Young ladies all, of every clime,  
Especially of Britain,  
Who wholly occupy your time  
In novels or in knitting,  
Whose highest skill is but to play,  
Sing, dance, or French to clack well,  
Reflect on the example, pray,  
Of excellent Miss Blackwell!  
Ye bachelors about to wed  
In youth's unthinking hey-day,  
Who look upon a furnish'd head  
As horrid for a lady,  
Who'd call a female doctor "blue";  
You'd spare your sneers, I rather  
Think, my young fellow, if you knew  
What physic costs a father!*

Doctor Elizabeth Blackwell, one might suppose, would want a rest—but she was immediately anxious to set off for Europe. Her brother, Samuel, records in his diary: "Sanguine, and full of confidence, obstacles overcome this far only make her more resolute in her course; she told me I could not conceive how intensely she desired to be at work. Even the two weeks at home seemed like lost time."

It was still early spring in 1849 when Elizabeth embarked on her journey for Europe. Her American passport stated that she was 28 years old, 5 feet 1½ inches tall that her forehead was high and full, her eyes light grey, her mouth large and her hair sandy.

In England she was received by the Staffordshire Blackwells, a wealthy and

influential family, owners of the Russell Hill Ironworks in Dudley. She was escorted to London and for the first time since she began her unique career she was accepted into Society. She was fêted and flattered. The ladies of fashion were intrigued. She was the daring little doctress from America and there she was to their great surprise, a tiny blonde creature in pale blue taffeta, dancing with flowers in her hair and a modest crinoline.

Elizabeth was enjoying every moment of living. She visited several hospitals, met the leading London doctors of the day, drank her first glass of wine and loved it, and was invited to dances in the elegant West End drawing rooms. "Indeed, engagement treads upon engagement, so that I've hardly a moment to think . . . I've never had such an experience; I must have walked ten miles a day. I come home sometimes hardly able to move a foot; I wash and dress, and in an hour I'm up again and fresh for as much more."

Next month, on May 21st, she arrived in Paris with few possessions, a slender purse and some letters of introduction to the leading men of medicine in Paris—but they hardly benefited her. None of them would recognise her status as a doctor and after failing to gain admittance into the Hôtel Dieu and L'Ecole de Médecine she was finally received at the end of June in La Maternité, the greatest lying-in hospital of its day. She was not, however, admitted as a registered doctor, but as a lowly aide. Here she was cloistered for five long months. She shared a dormitory with sixteen rowdy peasant girls who chattered and romped day and night. Swallowing her pride she undertook the most menial tasks, and for the first few weeks she was permitted to do no more than carry basins of water and towels for the senior students.

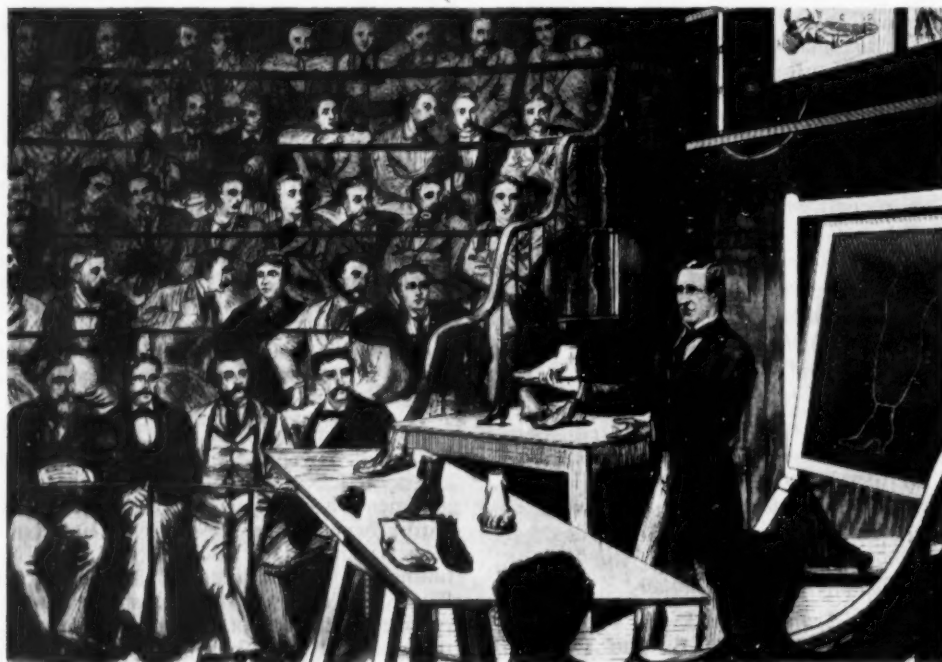
But all the time she was training her powers of observation—years later, in a letter of advice to her sister Emily, she says, "the most important thing in the Maternité is the drilling in the more ordinary labours, for only where the finger is thoroughly trained can you detect varieties."

But misfortune again befell her. On November 4th of that year, 1849, we read this in her journal. "I felt all the afternoon a little grain of sand, as it were, in my eye. I was afraid to think what it might be, for in the dark, early morning, whilst syringing the eye of one of my tiny patients for purulent ophthalmia, some of the water had spurted into my own eye. It was much swollen at night, and in the morning the lids were closely adherent from suppuration." Within

Dean" of St. Bartholomew's Hospital, Mr., later Sir James, Paget, for permission for her to study in this Hospital.

To her great joy this was granted and she received a letter of most cordial welcome from James Paget himself.

She hastily obtained lodgings in 28 Thavies Inn, one of a set of houses leading off from Holborn Circus (the house was demolished in the last war). Hence she could walk to Bart.'s in five minutes; down Holborn Hill, up Cock



"... the most gentlemanly class I have ever seen."

(A lecture at Bart.'s on a pressing subject.)

three days the sight of her left eye was lost. Even this disaster was met by her characteristic refusal to accept defeat and, hoping to regain full vision in time, she wrote to an uncle, "I still mean to be at no very distant day *The first lady surgeon in the world.*"

But she never recovered sight in her left eye and after a brief inner struggle she reconciled herself to becoming a physician.

Early in May, 1850, Elizabeth Blackwell returned to London. Mr. Kenyon Blackwell, her cousin from Staffordshire, had by then applied to "the able and highly esteemed

Lane and to a gate of the hospital "that enables me to enter with only a side glance at Smithfield Cattle Market."

"My first introduction to St. Bartholomew's was at a breakfast at Mr. Paget's. He has a house within the hospital boundaries, and a special oversight of the students. At the commencement of each session he invites the students to breakfast in parties of about a dozen, and to one of those breakfasts I, on my arrival, was invited. The students seemed to be gentlemanly fellows, and looked with some curiosity at their new companion; the



conversation was general and pleasant, the table well covered; Mrs. Paget very sensible and agreeable; so that it was quite a satisfactory time."

She was accorded entry into every department except that of female diseases. Charles West, the Professor of Midwifery, wrote to her saying that he intended no disrespect to her personally, but he heartily condemned her object and could not approve a lady's studying medicine. Mr. Paget, however, was most kind. When she expressed her great interest and desire to attend his Pathology lectures he spoke first to the students and explained her situation. "When I entered and bowed I received a round of applause. My seat is always reserved for me and I have no trouble. There are, I think, about sixty students, the most gentlemanly class I have ever seen." To her sister, Emily, later to be her partner in medicine, she wrote of the experience she gained at Bart's. "I spend now about three or four hours each day in the wards, chiefly medical, diagnosing disease, watching the progress of cases, and accustoming my ear to the stethoscope. Already, in this short time, I feel that I have made progress, and detect sounds that I could not distinguish on my entrance. I advise you, Emily, to familiarise yourself with the healthy sounds of the chest. When you go home, auscultate all the family; you will find quite a variety in the sounds, though all may be healthy persons. Lay a cloth over the chest and listen with the ear simply; it is as good as a stethoscope with clean people."

Elizabeth was not entirely uncritical of medicine as practised at Bart's. She missed in London the active spirit of investigation that was so alive in the French amongst students and Professors alike. She recalled the ardent discussions which she used to

enjoy while sitting in the Luxembourg gardens and the enthusiasm which was occasioned by every new topic or discovery, and she compared this with the conservative plodding of the British physicians, who would accept no new theory unless proved several times over. She respected their good sense and clear, substantial thought, but reserved her greatest admiration for the eloquent French.

At the end of a year she left Bart's, esteemed by all. Mrs. Paget described her as a benefactor of the race and Mr. Paget told her how sorry they were to lose her.

In July, 1851, she sailed for America, only two years since her departure, but with "another most important page in life fairly closed."

Most of her work had not even begun, but she had achieved her most desired ambition, to open the Medical World to Women—and what better, more noble pioneer could we have chosen to represent us.

How thoroughly she had fulfilled her task is realised when we consider that less than sixty years after she had qualified there were more than 7,000 women practising medicine in America alone. But St. Bartholomew's, having once said farewell to Miss Blackwell, stood firm against all subsequent invasions, and not until 1947 did the University Grants Committee compel the Hospital to surrender. We all hope, however, that the further passing of time will never give cause for us to be like Kitty, Elizabeth's adopted daughter. This child, after the visit of a friendly physician, came to her foster mother with a most puzzled face, and exclaimed "Doctor, how very odd it is to hear a *man* called Doctor!"

JANET NYE.

## CORRESPONDENCE

*The Editor,  
St. Bartholomew's Hospital Journal.*

Dear Sir,

Frequently many of us find much difficulty in accurately assessing the asymmetry of chest movement in doubtful cases, which may be often helpful to the arrival at the correct diagnosis. The following simple, accurate method of measurement, like that of "the laying on of hands," is based on the assumption that in respiration the vertebral column behaves as a fulcrum and that the sternum moves to and fro in a sagittal plane.

The tape is placed around the thorax as for the measurement of chest expansion, but with the

difference that the ends cross in front. A vertical ink mark is made at the level of the tape, at approximately the middle of the sternum. The patient is arranged flat on his back so as to fix the tape posteriorly. After a full expiration the excursion of the ink mark on each side during a full inspiration is noted. The total chest expansion without moving the position of the tape or patient is measured, using some prearranged mark on the tape instead of the end as is customary. Then the excursion for the expansion of the right side plus that on the left will equal the total, if all measurements have been made correctly. This serves as a check against error and also that the tape has not slipped.

Because the two lesser values are of necessity fairly small, better results will be obtained by measuring in millimetres. After practice and with the aid of an assistant to do the recording, measurements can be made simultaneously on the one inspiration only, at all events a maximum of three respiratory excursions should be sufficient for the most uninitiated. The estimation of respiratory lag on either side must still be made by direct observation.

If it is found that satisfactory measurement cannot be obtained due to the slipping of the tape, the determinations may be made with the patient sitting or standing and the tape fixed against a vertebral spine either by means of an assistant's finger or a piece of adhesive plaster.

Using this method it has been found that there is an apparent physiological difference between the two sides of the chest, the right side having a slightly greater expansion. It would be interesting to have a series of normals to test if this difference is real and if so for reference (expressing the difference as a percentage of the total chest expansion), statistically analysed by age group and sex.

Yours truly,

G. C. I. Goss.

Abernethian Room.

#### CONSULTATIONS

Sir,

The story of Dr. Geoffrey Evans and the E.C.G. upside down had a better setting than that given on page 13 of the January number. It was

at Medical Consultations, in front of all his colleagues on the Staff, and a multitude of students (of which the writer was one). And it was Lord (then Sir Thomas) Horder who tapped him on the shoulder and drew forth the incredibly rapid reply.

"Yes, I know Sir Thomas, but . . ."

The beauty of the occasion was vastly enhanced by the rapidity of the reply which was instantaneous.

Yours faithfully,

G. HADFIELD.

Sheerwater Lodge,  
West Byfleet.

#### The Cambridge Graduates' Club of St. Bartholomew's Hospital.

The Editor,  
St. Bartholomew's Hospital Journal.

Sir,

The Sixty-third Dinner of this Club will be held at Frascati's Restaurant on Friday, 17th April, at 7 for 7.30 p.m.—dress, dinner jacket. This particular function of the Club continues, by common consent, to be a purely masculine affair, and Members may introduce male guests. Dr. G. F. Abercrombie will be in the Chair. The Honorary Secretaries would be glad to hear from any Bart's man who is a Cambridge graduate but has not received a notice.

Yours, etc.

H. JACKSON BURROWS,

R. A. SHOOTER,

Honorary Secretaries.

### EXAMINATION RESULTS

#### CONJOINT BOARD Final Examination

##### Pathology

Austin, S.  
Blow, R. J.  
Keil, A. McL.

Cowper-Johnson, H. F.  
Eminson, B. I. F.  
France, G.

Gibbs, J. T.  
Lacey, S. M.  
Smeed, I. M. P.

##### December, 1952

Stephenson, J. W.  
Williams, W. D. W.

##### Medicine

Bartley, R. H.  
Caldwell, A. M.  
Dunger, G. T.

Geldart, R. E. M.  
Gretton, A. H.

Marker, H. R.  
Thomas, P. I.

Warburton, T. H. M.  
Wynne-Jones, A. P. J.

##### Surgery

Caiger, V. G.

Chia, A. K.

Lacey, S. M.

Scott, H. G.

##### Midwifery

Brown, I. P.  
Castell, E. O.  
Eminson, B. I. F.

Gompertz, R. M. H.  
Green, A. N.  
Hill, A. N.

Lacey, S. M.  
Luke, M. F.  
McAdam, B. N.

Pearsons, D. E.  
Stephenson, J. W.  
Thomas, P. I.

The following students have completed the examination for the diplomas

Bartley, R. H.

Gompertz, R. M. H.

Gretton, A. H.

M.R.C.S., L.R.C.P.:—  
Wynne-Jones, A. P. J.

#### UNIVERSITY OF LONDON

##### M.D. Examination

##### Branch I (Medicine)

Banks, P. J.

Felix-Davies, D. D.

Jaslowitz, B. W.

Newcombe, C. P.

##### Branch II (Pathology)

Pugh, J. I.

##### Branch III (Psychological Medicine)

Folkson, A.

##### Branch IV (Midwifery & Diseases of Women)

Burke, S.

##### Branch V (Hygiene)

Andrewes, J. D. B.

Mayers, J. R.

##### Branch VI (Tropical Medicine)

Adams, J. C. L.

#### SOCIETY OF APOTHECARIES

##### Final Examination

##### Pathology

Keil, A. McL.

##### Medicine

Keil, A. McL.

##### Surgery

Keil, A. McL.

##### Midwifery

Keil, A. McL.

The following candidate, having completed the Final Examination, is granted the Diploma of the Society: Keil, A. McL.

## SPORT

**Rugger The Hospitals' Cup.****Bart's v. St. Mary's. Lost 3—21.**

The second round of the Hospitals' Cup, played at Richmond on February 17, resulted in a win for the holders—St. Mary's. They did not have the easy victory the score might denote and had to work hard throughout the game before winning by three goals and two tries. With Cannell included, St. Mary's had a strong back division, and though well supplied with the ball they had a hard time to find a way through, being opposed by some good marking and tackling. Hackett, marking Cannell at the start was unfortunately soon injured and thereafter could use but one arm. However, Taylor and Lammiman, sharing his duties were no less effective.

From the kick off, St. Mary's put on the pressure; most of the play being in the Bart's half of the field. However, a line out close to the Bart's goal line resulted in a try for Bart's. A long ball was caught by Taylor who made a fine run up the field towards the left wing. Phillips gathered a short punt ahead and ran clear to score. Though returning the attack, it was not until half an hour later that St. Mary's drew level with a try by Sullivan in the corner, and a few minutes later Scott scored, the try being converted by Sullivan.

Throughout the second half, St. Mary's pressed hard. Time and again good passing was broken down by good tackling. Sullivan and Speed on the left wing were made use of by cross kicking by Fleming and in the end an attack got home resulting in a touch down between the posts for Stevenson. Sullivan scored again in the corner from a well placed cross kick. All this while the Bart's forwards fought hard and on several occasions, with clever footwork managed to ease the pressure. But once again St. Mary's scored when Rusk picked up a loose ball, close to the line. In the back division well placed kicking and good tackling by Burrows did much to ease the defence, whilst behind the scrum Charlton was noticeably quick.

Team: P. J. Burrows, M. Phillips, M. Taylor, M. N. Hackett, D. A. Lammiman, G. Scott-Brown, C. A. Charlton, F. I. Macadam, P. Knipe, M. V. I. Fitzgerald, B. Reiss, D. A. Roche, L. Cohen, E. F. D. Gawne (Capt.), C. H. W. Havard.

**Other Results :**

**Bart's v. Old Ruthshians. Won 8—3.**

**Bart's v. O.M.T.'s. Drawn 3—3.**

**Bart's v. Loughborough College. Lost 5—6**

**Bart's v. Saracens. Draw 3—3**

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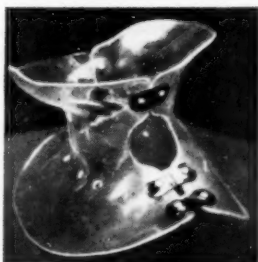
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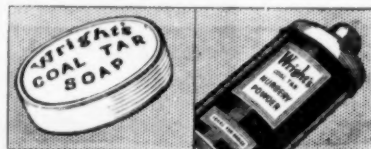
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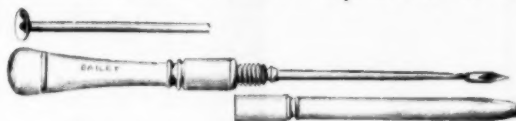


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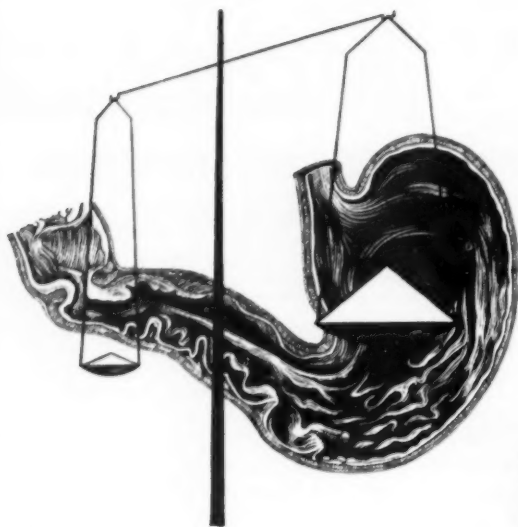
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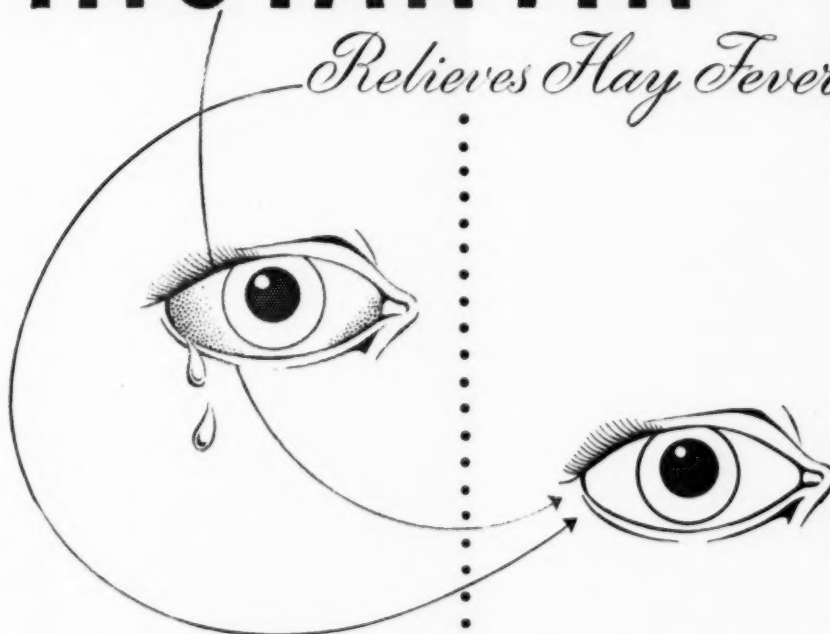


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